V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32823

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3883

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3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Street in front of 2214 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2021 Brooklyn
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Walter Landers, Jr.

3. (b) If veteran, name war None

3. (c) Social Security No. 499-11-3157

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 6, 1925
(Month) (Day) (Year)

8. AGE: Years 17 Months 6 Days ~~10~~ 9 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Porter

11. Industry or business

FATHER
12. Name Walter Landers
13. Birthplace (City, town, or county) Texas (State or foreign country)

MOTHER
14. Maiden name Flora Thomas
15. Birthplace (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Walter Landers
(b) Address 2021 Broklyn

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) 10-21-42 (Date received local registrar) (b) M. Mc Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1942 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Homicide
Stab wound of rt chest

Due to Hemothorax

Due to

167

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence 10-15-42

(c) Where did injury occur? In front of 2214 Prospect (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Street (Specify type of place)

While at work? no (e) Means of injury Knife wound

23. Signature C. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 10-18-42

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed. J. Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.